



FOOD STAMP BENEFITS FOR YOU AND YOUR FAMILY APPLY TODAY--IT'S EASIER THAN YOU THINK

HOW TO APPLY

To apply for food stamp benefits, please fill out the attached application and return it to us. You should mail, fax or take the completed application to the Department of Transitional Assistance Office that serves your city or town. If you are not sure where the office is located, please call 1-800-249-2007 or visit our website at www.mass.gov/dta. If you are eligible, your food stamp benefits will start as of the date we receive your application. After we get your application we will contact you for an interview and ask you a few more questions. This interview will take place either in the office where you returned your application or over the telephone. If you need an interpreter to help you complete this form or for the interview, tell us and we will arrange for one.

Please try to answer all the questions on the application. The more information we have, the quicker we will be able to act on your application. If you aren't sure what a question means or how to answer it, leave it blank and we will talk about it during your interview.

On the other side of this page, we list the types of things you will need to show us to prove the information you have provided. Please look at the list and get together the proofs you will need. The last page of this package lists resources which offer help you or your family may be interested in receiving. Please take a moment to look it over and keep it for future reference.

USING FOOD STAMP BENEFITS

When you get food stamp benefits, you will be given an account, like a bank account. Each month, your food stamp benefits will be put into your account. To use your food stamp benefits, you will get an EBT card which you will use like an ATM or credit card. Your privacy is important and using the EBT card helps maintain that privacy. You can use your EBT card at grocery stores, convenience stores, markets and co-ops. You use it in the same way someone would buy food with an ATM or credit card.

IF YOU NEED FOOD STAMP BENEFITS RIGHT AWAY (WITHIN SEVEN DAYS) AND:

- your income and money in the bank add up to less than your monthly housing expense; or
- your monthly income is less than \$150 and your money in the bank is \$100 or less; or
- you are a migrant worker and your money in the bank is less than \$100,

you should call us at 1-800-249-2007 or go to the office that serves your city or town.

Remember---food stamp benefits can help you and your family buy the food you need for good health. You can use money you would have spent on food on other important things like rent or utility bills. It doesn't take that long---you owe it to yourself to apply today.

If you have any questions, please call 1-800-249-2007. You can also get more information about food stamp benefits by visiting www.gettingfoodstamps.org on the Internet.

To apply for food stamp benefits, you need to prove your income, expenses and other information. You only need to prove information that applies to you. For example, if you do not pay for child care, then you do not need to worry about number 8 on the list below.

After your interview, you will get a list of things you will need to show us. Pay stubs, utility bills and other papers must not be more than four weeks old from the day that you turn in the Food Stamp Benefits Application.

Things you need to provide, if they apply to you:

1. **Proof of Identity:** Driver's license, birth certificate or other proof of your identity.
2. **Proof of Residence:** If you own your home, proof of your mortgage, taxes and insurance. If you rent, a rent receipt or lease agreement or other proof of where you live.
3. **Utility Bills:** Gas, electric and telephone bills.
4. **Non-citizen Status:** For all non-US citizens applying for food stamp benefits, alien registration card or proof that INS knows you are living in the U.S.
5. **Bank Accounts:** Most recent checking account statement, updated savings passbook, credit union records, stocks, bonds, CD's or IRA and Keogh accounts. (Not required if you are a family with children under 19 or everyone you are applying for is on SSI or EAEDC.)
6. **Earned Income:** Pay stubs or written statement from employer showing income before taxes for the past four weeks.
7. **Self-Employment:** Most recent federal tax return (Schedule C Form) or last three months of business records.
8. **Child Care or Adult Dependent Care Expenses:** Written statement from your care provider, or a canceled check or money order paid to the care provider.
9. **Unearned Income:** Most recent copy of Social Security check or copy of award letter; proof of unemployment, workers' compensation, pension, child support, alimony.
10. **Rental Income:** If you get paid by someone who rents a room or apartment from you, a copy of the lease agreement, or statement from your tenant showing amount of rent paid. Also your mortgage, tax bill, home owner's insurance, water and sewerage bills.
11. **Medical Expenses:** If you or anyone in your household is age 60 or older or has a certified disability, we can deduct certain medical expenses you pay from your countable income. This includes co-payments or premiums on health insurance, dentures, eyeglasses, hearing aid batteries, prescription medications, doctor-prescribed pain relievers, vitamins and other over-the-counter drugs, and transportation that you pay for to get to medical services.
12. **Child Support Payments:** If you make child support payments to someone not living with you, proof of the legal obligation to make the payment and the amount paid.



Massachusetts Department of Transitional Assistance

Food Stamp Benefits Application

1. Information About You (answer all boxes)			
Last Name	First Name	Middle Initial	Social Security Number
Is this name your (check one) <input type="checkbox"/> Name at Birth <input type="checkbox"/> Maiden Name <input type="checkbox"/> Married Name <input type="checkbox"/> Prior Marriage Name <input type="checkbox"/> Alias		Marital Status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Your ethnic origin (check one) This information is collected to make sure everyone is treated fairly. Your answer is voluntary and it will not affect your eligibility or benefit amount. <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> White not Hispanic <input type="checkbox"/> Alaskan American			Date of Birth / / Gender <input type="checkbox"/> M <input type="checkbox"/> F
Do you have a special situation? (check all boxes that apply to you) <input type="checkbox"/> Handicapped <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Interpreter Required <input type="checkbox"/> Sign Language Required <input type="checkbox"/> Other _____		What is your preferred language? Are you pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no	

2. Information About Where You Live (answer all boxes)				
List your current address	Number and Street	Apt #	City	State ZIP
Are you homeless? <input type="checkbox"/> yes <input type="checkbox"/> no		Is your current address temporary? <input type="checkbox"/> yes <input type="checkbox"/> no Is your current address your mailing address? <input type="checkbox"/> yes <input type="checkbox"/> no		
If a temporary address, list your permanent address.				
If you have a different mailing address, please list.				
Your phone number () -	Is the housing you live in <input type="checkbox"/> Private Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Residential Facility <input type="checkbox"/> Commercial Boarding House <input type="checkbox"/> Employer-Provided Housing <input type="checkbox"/> Teen Living Program <input type="checkbox"/> Migrant Campsite <input type="checkbox"/> Shelter			

3. People Helping with your Application				
Do you want to give permission to someone else to apply or get food stamp benefits for you? <input type="checkbox"/> yes <input type="checkbox"/> no				
Last Name	First Name	Middle Initial	Phone Number	
Number	Street	City/Town	State	ZIP

You may be able to get expedited food stamp benefits within 7 days if you meet one of the following rules and appear eligible for the program. Please answer the following questions.

4. Is the total of your gross monthly income before taxes and assets you can access easily less than your total combined monthly rent (or mortgage) and utilities? ☐ yes ☐ no

5. Do you have monthly income before taxes of less than \$150 and assets that you can access easily of \$100 or less? ☐ yes ☐ no

6. Are you a migrant or seasonal farmworker with assets of \$100 or less? ☐ yes ☐ no

If you answered yes to question 4, 5, or 6, you should go to the office that serves your city or town to apply.

If you do not understand these questions, ask the worker to explain them. You have a right to a conference with a supervisor, if we decide you cannot get food stamp benefits within 7 days and you disagree, or if you are determined eligible for expedited service but you do not receive your food stamp benefits by the seventh calendar day after the date you applied.

7. Domestic Violence

Are you or is anyone in your household a victim of Domestic Violence currently or in the past? ☐ yes ☐ no

8. Information about People you live with - Please list everyone you live with and do not include yourself. (Attach a separate sheet if necessary). People living with you who do not want to apply for food stamp benefits do not need to tell us their Social Security Number or immigration status.

Last Name	First Name	Middle Initial	Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to you
Do you purchase & prepare food together? <input type="checkbox"/> yes <input type="checkbox"/> no		Is this person applying for food stamp benefits? <input type="checkbox"/> yes <input type="checkbox"/> no		Social Security Number	
Marital Status		Ethnicity	Preferred Language		Pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no

Last Name	First Name	Middle Initial	Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to you
Do you purchase & prepare food together? <input type="checkbox"/> yes <input type="checkbox"/> no		Is this person applying for food stamp benefits? <input type="checkbox"/> yes <input type="checkbox"/> no		Social Security Number	
Marital Status		Ethnicity	Preferred Language		Pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no

Last Name	First Name	Middle Initial	Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to you
Do you purchase & prepare food together? <input type="checkbox"/> yes <input type="checkbox"/> no		Is this person applying for food stamp benefits? <input type="checkbox"/> yes <input type="checkbox"/> no		Social Security Number	
Marital Status		Ethnicity	Preferred Language		Pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no

Last Name	First Name	Middle Initial	Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to you
Do you purchase & prepare food together? <input type="checkbox"/> yes <input type="checkbox"/> no		Is this person applying for food stamp benefits? <input type="checkbox"/> yes <input type="checkbox"/> no		Social Security Number	
Marital Status		Ethnicity	Preferred Language		Pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no

9. Is there a **child(ren) living with you who is not your child**, who is under 18 and who is **not** under your supervision and control? ☐ yes ☐ no
If **yes**, who? _____
10. Do you or does anyone living with you take care of a disabled person or a child, including your own child? ☐ yes ☐ no
If **yes**, who do you take care of? _____
11. Is anyone living with you a **boarder** (person who pays for a room or room and meals)? ☐ yes ☐ no
If **yes**, who is a boarder? _____
12. Are **foster care payments** being made for anyone living with you? ☐ yes ☐ no
If **yes**, for whom are the payments being made? _____
13. Are you or anyone living with you a **resident of a state or country other than Massachusetts** or are you or anyone living with you intending to leave Massachusetts? ☐ yes ☐ no
If **yes**, who is not a resident or is intending to leave? _____
14. Are you or is anyone living with you **NOT a U.S. citizen**? ☐ yes ☐ no
If **yes**, who is not a U.S. citizen? _____
15. Do you or anyone living with you who is 18 or older and a United States citizen and a Massachusetts resident want to **register to vote**? ☐ yes ☐ no
If **yes**, who would like to register? _____
16. Are you or is anyone living with you physically or mentally **disabled** temporarily or long term? ☐ yes ☐ no
If **yes**, who is disabled? _____

Work, Earnings and Unearned Income

17. Are you or is anyone living with you presently **working** or were you or anyone else living with you working in the last 60 days? ☐ yes ☐ no
- If **yes**, complete the following section. (Enter work information for anyone living with you and attach separate sheet, if needed.)

Name			Employer Name, Address & Telephone #				
Job Title	Start Date / /	End Date / /	Hourly Wage \$	Weekly Hours	Weekly Tips \$	How Often Paid?	Permanent Job <input type="checkbox"/> yes <input type="checkbox"/> no

If job ended, last day of work _____

Record wage information here:

Date		Gross Amount	Hours
From	To		
/ / - / /		\$ _____	_____
/ / - / /		\$ _____	_____
/ / - / /		\$ _____	_____
/ / - / /		\$ _____	_____
/ / - / /		\$ _____	_____

- 18.** Are you or is anyone living with you eligible to get or getting **any other type of income** such as Child Support, Social Security, SSI, Workers' Compensation or Veterans Benefits? ☐ yes ☐ no
If **yes**, complete the following section. (Attach a separate sheet, if necessary.)

Name	Type of Income	Amount	How often received?	Date Income Started
				/ /

Expenses

- 19.** Do you or does anyone living with you have a court order or other legal obligation to pay **child support** to someone not living with you? ☐ yes ☐ no
If **yes**, who has a child support expense? _____

- 20.** Do you or does anyone living with you have any **child or adult dependent care expenses**? ☐ yes ☐ no
If **yes**, who has a dependent care expense? _____

- 21.** Do you or does anyone living with you who is 60 years old or older or who is disabled have **health insurance**? ☐ yes ☐ no
If **yes**, what kind? _____

- 22.** Do you or does anyone living with you who is 60 years old or older or who is disabled have **out-of-pocket medical expenses**? ☐ yes ☐ no
If **yes**, complete the following section.

Name	Type	How often paid?	Amount	Date you started paying
			\$	/ /

- 23.** What type of housing expenses do you have?

	How much paid?	How often paid?
Rent (amount you are responsible for)		
Mortgage (Principal)		
Mortgage (Interest)		
Property Taxes		
Homeowner's Insurance		
Condo fees		
Other (specify)		

- 24.** What type of utility expenses do you have?

	How much paid?	How often paid?
Gas		
Electric		
Phone/Utility Installation		
Water and Sewerage		
Oil		
Garbage/Trash Collection		
Other		

- 25.** Do you share expenses (shelter and utility) with other people who live with you? ☐ yes ☐ no

- 26.** Have you received or do you think you will receive Fuel Assistance payments? ☐ yes ☐ no



If you are a family with a child(ren) under 19, a pregnant woman living alone or if everyone you are applying for is on SSI or EAEDC, your application is complete. Please read the signature page information, sign and date the application and return it to us. Please see the blue cover page for information if you are not sure where to return your application.

All other applicants, please answer the questions below about **Money in the Bank and Other Assets**, and then please read the signature page information, sign and date the application and return it to us. Please see the blue cover page for information if you are not sure where to return your application.

Money in the Bank and Other Assets

If you are a family with a child(ren) under 19, a pregnant woman living alone or if everyone you are applying for is on SSI or EAEDC, you do not have to answer these questions. If either situation applies to you, SKIP THESE QUESTIONS.

27. Do you or does anyone living with you have either cash on hand or any type(s) of bank account, stocks, bonds or securities? ☐ yes ☐ no If **yes**, complete the following section.

Name	Type	Account #	Institution Name	Amount

28. Do you or does anyone living with you have either life, burial or pre-paid funeral insurance? ☐ yes ☐ no

If **yes**, who has life, burial or prepaid funeral insurance? _____

29. Do you or does anyone living with you have any building(s), land, real estate or burial plots? ☐ yes ☐ no

If **yes**, complete the following section.

Name/Owner	Type/Description/Location	Fair Market Value	Mortgage Amount

30. Do you or does anyone living with you have any pension(s) or retirement account(s)? ☐ yes ☐ no

If **yes**, complete the following section.

Name/Owner	Type	Name of Institution	Account Number	Amount

31. Have you or has anyone living with you received a tax refund or an Earned Income Credit (E.I.C.)?

☐ yes ☐ no If **yes**, complete the following section.

Name	Type of Refund	E.I.C. amount	Amount
	<input type="checkbox"/> Earned Income Credit <input type="checkbox"/> Federal Income Tax <input type="checkbox"/> State Income Tax		

32. Have you or has anyone living with you sold, traded, given away or transferred anything of value in the past three months? ☐ yes ☐ no If **yes**, complete the following section.

Name	Type	Date of Transfer	Reason	Gross Value
		/ /		

FOR DEPARTMENT USE ONLY

ACTION	DATE COMPLETED	SIGNATURE OF STAFF
Application Received and Assigned	___/___/___	_____
Information entered on BEACON	___/___/___	_____
Interview Scheduled <input type="checkbox"/> Phone <input type="checkbox"/> Office	___/___/___	_____
Interview Held	___/___/___	_____

Your Signature Page and Food Stamp Penalty Warning (Please Read Carefully)

I certify under penalty of perjury that I have read, or have had read to me, the information in this application and my answers to the questions in this application and such answers are true and complete to the best of my knowledge. I also certify under penalty of perjury that my answer on any supplement I may complete in the future will be true and complete to the best of my knowledge. I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts, either orally or in writing, to establish eligibility for the Food Stamp Program is fraud, an Intentional Program Violation (IPV), and is punishable by civil and criminal penalties.

I understand that the Department of Transitional Assistance (DTA) administers the Food Stamp Program. I understand that I must report to DTA any changes in my household income, assets, address, living arrangement, family size, employment, or any other changes to my food stamp household that may affect our eligibility. I understand that I must report these changes to DTA in person, in writing or by phone **within 10 days of the change** unless I am allowed by DTA to report changes under the food stamp semiannual reporting rules.

I understand that for food stamp benefits, to receive a deduction for child care expenses, rent or mortgage payments, utility or shelter expenses, child support paid to a non-household member, or medical expenses, I must report and provide verification to the Department. Failure to report or verify, the above-listed expenses(s), could mean that I will receive less food stamp benefits each month, and will be seen as my statement that the household does not want to receive a deduction for the unreported or unverified expense(s).

I understand that by signing below, all household members between the ages of 16 and 60 are automatically work registered and enrolled in the Food Stamp Employment and Training Program (FS/E&T). The automatic FS/E&T enrollment allows household members to easily access FS/E&T services. Nonexempt household members will be notified of work requirements, have exemptions and penalties for noncompliance explained and be referred to an employment activity, if appropriate.

By signing this form, I give permission to DTA to verify and investigate the information I have given that relates to my eligibility for assistance. I give permission to DTA to get any records or data and to verify information given on this application with other agencies, including federal and state agencies, local housing authorities, out-of-state welfare departments and financial institutions. I also give permission to these agencies to give to DTA information about my household that concerns my food stamp benefits.

I understand that by signing below I also give permission to DTA to share information about me and my dependents under age 19 with the Department of Education so that my dependents are automatically certified for school breakfast and lunch programs. I also give permission to DTA to share information about me, my dependents under age 5 and anyone pregnant in my household with the Department of Public Health so that these individuals are referred to the Women, Infants and Children (WIC) Program for nutrition services.

I understand that by signing below I authorize the Department of Transitional Assistance and the Massachusetts Executive Office of Health and Human Services to share information about my eligibility for public assistance benefits with electric distribution companies, gas distribution companies and eligible telecommunications carriers pursuant to confidentiality agreements executed by these companies for the sole purpose of certifying my eligibility for discount utility service rates.

I understand that I will receive a copy of the "Your Right to Know," brochure and the Food Stamp Program brochure, that I must read or have them read to me and that I must understand their contents and my rights and responsibilities. If I have any questions about the brochures, I will ask my DTA worker.

I also swear that all members of my food stamp household requesting food stamp benefits are either U.S. citizens or aliens in satisfactory immigration status.

Food Stamp Penalty Warning

I understand that if I or any member of my food stamp household intentionally breaks any of the rules listed below, that person will be barred from the Food Stamp Program for **one year** after the first violation, **two years** after the second violation and **permanently** after the third violation. The person may also face criminal prosecution under applicable state and federal laws. These rules are:

- Do not give false information or hide information to get food stamp benefits.
- Do not trade or sell food stamp benefits.
- Do not alter EBT cards to get food stamp benefits you are not entitled to receive.
- Do not use food stamp benefits to buy ineligible items, such as alcoholic drinks and tobacco.
- Do not use someone else's food stamp benefits or EBT card, unless you are an "authorized representative."

I also understand the following penalties:

- Individuals who commit a **cash program** Intentional Program Violation (IPV) that is confirmed in an Administrative Disqualification Hearing (ADH), will be barred from the Food Stamp Program for the same period the individual is barred from cash assistance.
- Individuals who make a fraudulent statement or representation about their identity or place of residence to receive multiple food stamp benefits *simultaneously*, will be barred from the Food Stamp Program for **ten years**.
- Individuals who trade (buy or sell) food stamp benefits for a controlled substance/illegal drug(s), will be barred from the Food Stamp Program for a period of **two years** for the first finding, and **permanently** for the second finding.
- Individuals who trade (buy or sell) food stamp benefits for firearms, ammunition or explosives, will be barred from the Food Stamp Program **permanently**.
- Individuals who trade (buy or sell) food stamp benefits having a value of \$500 or more, will be barred from the Food Stamp Program **permanently**.
- Individuals who are fleeing to avoid prosecution, custody or confinement after conviction for a felony or are violating a condition of probation or parole, are *ineligible* to participate in the Food Stamp Program.
- Individuals who fail to comply without good cause with Food Stamp Work Requirements, will be disqualified from the Food Stamp Program for a period of **three months** for the first finding, **six months** for the second finding and **twelve months** for the third finding. If the individual found to have failed to comply for a third time is the head of the food stamp household, the *entire* household shall be ineligible to participate in the Food Stamp Program for a period of **six months**.

Right to an Interpreter

I understand that I have a right to an interpreter provided by DTA if neither I nor any adult member of my food stamp household is able to speak or understand English.

I also understand that I have a right to an interpreter at any fair hearing with the Department if I cannot speak or understand English and there is no other adult in my food stamp household who can speak or understand English. I understand that I may bring an interpreter to the hearing or request the Department to provide an interpreter. To request an interpreter, I understand that I must call the Division of Hearings at least one week before the date of my hearing.

Nondiscrimination Statement

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). Write HHS Director, Office of Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TDD). USDA and HHS are equal opportunity providers and employers.

Your Signature

____/____/_____
Date

FAMILY RESOURCE BROCHURE INFORMATION: There are a number of other services available which may help you and your family. Below is a list of places which may be able to help.

Career Centers

If you need help finding a job, or would like information about training opportunities, you can go to your local Career Center. Each Career Center has free resources to help you apply for jobs and can help you with job search. In addition, Career Center staff will provide you with information about training opportunities, including financial assistance and assist you with the application process. Career Centers are located in most major cities in Massachusetts. To find the one closest to you, call your local Division of Employment and Training (DET) office or DET's central office at 617-626-6900.

Child Care

Safe, affordable child care is your number-one priority if you are working, participating in the Structured Job Search Program, or attending an approved training or education program. For information about low-cost (subsidized), quality child care options, call the Office of Child Care Services (OCCS) at 617-626-2000 or the Child Care Resource and Referral Network at 1-800-345-0131.

Child Support

Every child has the legal right to get money from both parents, whether the parents are separated, divorced or were never married. The child support you receive will help you make a better life for you and your children. If you are not already receiving child support, call DOR, Child Support Enforcement Unit at 1-800-332-2733.

Domestic Violence

You and your children deserve to be safe. You and your children could be in serious danger if your partner threatens or abuses you. If you would like more information on what you can do to be safe, you may call the National Abuse Hotline at 1-800-799-SAFE.

Emergency Assistance

This program is run by DTA for low-income families. DTA provides shelter if your present home is unsafe or you are homeless. Contact your DTA worker for information.

Food Banks

Massachusetts' food banks offer emergency assistance by providing food pantries and other food programs with emergency supplies. Food banks will provide you with a list of programs in your area where you can get free emergency food. Call a food bank in your area:

- Eastern Massachusetts: Greater Boston Food Bank 617-427-5200
- Central Massachusetts: Worcester County Food Bank 508-842-3663
- Western Massachusetts: The Food Bank of Western Massachusetts 413-247-9738

Housing

If you live in public or subsidized housing and you go to work, you may be able to get a rent-related benefit such as having your rent calculated without counting your new income from your job. There is a limited amount of public and subsidized housing in Massachusetts. Some is housing that requires the landlord or manager to charge you rent no higher than 30 percent of your income. For more information on how to find and apply, call the Department of Housing and Community Development (DCHD) at 617-727-7130 ext. 655. You can also ask for a pamphlet called "How to Obtain Housing Assistance in Massachusetts" or an application for certain housing vouchers.

Job Search Program - Work Support Programs

The Structured Job Search Program helps people find work. Activities include a review of job search activities, identifying and finding solutions to employment barriers, job readiness activities, job search activities and follow-up services to help you get a job. Programs are also available to help you keep your job or get a better job. Call or visit your Transitional Assistance Office (TAO) for more information.

MassHealth and Children's Medical Security Plan

This program pays for hospital care, doctor visits, prescription drugs and many other health care benefits at no cost (or low cost) for pregnant women, families with children, seniors, people with disabilities, people who are HIV positive and the long-term unemployed. Income limits apply. There are higher income limits for certain groups.

If MassHealth stops, your children may still be able to get medical coverage from the Children's Medical Security Plan (CMSP). For more information about MassHealth or to get an application and information booklet mailed to you, call toll-free 1-888-665-9993 (TTY: 1-888-665-9997). For more information about CMSP, call the Department of Public Health (DPH) at 1-800-909-2677.

School Breakfast and School Lunch Program

These programs provide nutritionally balanced meals and snacks to children in participating schools. Call your child's school for more information or the Department of Education (DOE) at 781-338-3000.

Taxes - Earned Income Credit (EIC)

If you or someone in your family works, you may be eligible for a tax credit. The amount you receive depends on how much you earn, how many children you have, and if you have other income. The EIC could mean you'll pay less tax, no tax, or even get a refund from the Internal Revenue Service (IRS) or Massachusetts Department of Revenue (DOR). For more information about the EIC or to find out how to get free help with your taxes, call the IRS at 1-800-829-1040 (TTY/TDD: 1-800-829-4059) or DOR at 1-800-392-6089.

Transportation - Access to Jobs

Do you have transportation to and from your job and your child care provider? Is lack of transportation keeping you from finding a good job? Call or visit your TAO and ask about Access to Jobs or call the Access to Jobs Transportation Information toll-free number at 1-877-562-8477.

Unemployment Benefits

If you lost your job or if the number of hours you work has been cut, you may be eligible for unemployment benefits. You may also be eligible for job search and training benefits. Apply for benefits at your nearest DET office. Call for directions (in the phone book, look under "Massachusetts," then "Employment and Training"). For general information, call 617-626-6900.

Utilities and Utility Discounts Energy Assistance - Community Action Program (CAP) Offices

Fuel Assistance can help you pay for heating your house or apartment during the winter months, it can pay for fuel, or if heat is included in your rent, it can pay part of your rent. To find out if you can get help and which agency covers your city or town, call the "Hotline" at 1-800-632-8175. Community Action Program (CAP) offices run the fuel assistance programs (LIHEAP) and provide help with electric and gas bills, insulation and furnace repairs. Many CAP offices also help with a wide variety of services including job training, day care and housing information. Call the CAP nearest you for more information.

Utility Discounts - All electric companies and most gas companies have low-income discount programs. You automatically qualify for the discounts if you receive food stamp benefits, MassHealth, SSI, Fuel Assistance, or if your child is in the School Lunch Program or Head Start. These discounts can save you 25-35 percent on each bill. To apply for the discounts, call your gas and electric companies and ask for an application.

Telephone Discounts - Some telephone companies also have low-income discount programs. Call your local telephone company to ask if it has a low-income discount program and how to apply.

Women, Infants and Children (WIC) -The Department of Public Health runs the WIC Program. This program provides food vouchers to pregnant women, nursing mothers and children under age five. To get more information, call the Department of Public Health at 1-800-WIC-1007.